

Governor's Autism Council

MEETING MINUTES

Thursday, April 10, 2014

9:45 AM to 2:30 PM

Department of Health Services

1 W. Wilson Street, Room 630

Madison, WI 53707

Council Members: Nissan Bar-Lev, Wendy Coomer, Vivian Hazell, Milana Millan (phone, Adobe Connect), Glen Sallows, Michael Williams

Council Members Absent: Rose Helms, Pam Stoika

DHS Facilitator: Kris Freundlich

DHS Staff: Julie Bryda, Lisa Kulow, Susan Larsen, Bill Murray

Guests: Tammy Graupner

Public Attendees: Grant Cummings, Matthew Doll, Charlie Morgan

The meeting commenced at 10:03 AM.

1. Welcome and Introductions

Kris Freundlich, facilitator, welcomed members of the Council, Department of Health Services (DHS) staff and public guests. Attendees introduced themselves.

2. Public Testimony

Public attendees did not comment.

3. Operational

- Council members reviewed minutes from the January 9, 2014, meeting. Vivian H. made a motion to approve the January 9, 2014, meeting minutes; Nissan B.-L. seconded the motion; motion carries.
- 2014 Autism Council scheduled meeting dates are July 10 and October 9.

4. Comprehensive Community Service (CCS) Program/Children's Long-Term Support (CLTS) Waivers Services and Funding Coordination

- The Division of Mental Health and Substance Abuse (DMHSAS) is launching a Governor's budget initiative to expanding the CCS Program; the Division of Long Term Care (DLTC) and DMHSAS issued a joint numbered memo on March 7, 2014, that clarifies the service integration and coordination for children who are dually eligible for the CCS Program and CLTS Waivers.
 - DLTC and DMHSAS are preparing a Frequently Asked Questions document that is a companion to the numbered memo. DHS will deliver joint training session to program service coordinators, and is reviewing the CLTS Functional Screen algorithm. Family Voices has also offered to create an informational document for parents.
 - Children may be dually-enrolled; can remain on the Autism Wait List.
 - The DMHSAS CCS Program expansion requires county operations to occur in a regionalized approach; regions are not pre-defined. DLTC is supportive of counties moving to the regionalized approach and will work with DMHSA and the Area Administration for implementation.

- La Crosse, Monroe and Trempealeau counties have moved forward in offering the regionalized program operations for CCS Program/CLTS Waivers.
- Counties are submitting regionalized certification plans to the Division of Quality Assurance; regionalized program expansion is going into effect in July 2014.
 - Council members suggested inviting a DMHSAS representative to attend the next Autism Council meeting.

5. Treatment Progress and Provider Reporting Standards

- Current procedure for treatment providers to report children's service hours is to submit an Excel spreadsheet or printed version to the county service coordinator electronically or via regular mail. If DHS staff need a copy, they must ask county waiver agency staff to do so via email or regular mail, which is time consuming and cumbersome for all parties involved. DHS is reworking the current reporting form and using an online Select Survey format for providers to submit electronically to the county and DHS at the same time.
 - Attendees reviewed draft Select Survey Autism Individual Services Report (ISR) screens.
 - Progress reporting as part of the report submission is under discussion.
 - Council members suggested:
 - Further examine progress; if IQ increases and the child is no longer eligible for Autism treatment services, continue services one additional year to continue progress. Institutional Level of Care (LOC) determines eligibility requirements; Federal Medicaid Home and Community Based Services amendment would be needed to modify level of care requirements for target group.
 - Develop a tablet or smart phone application for treatment staff to gather data in the home setting; concerns include internet service availability and administrative time in transferring data from a tablet, and establishing standards across programs.
 - Form a provider-driven workgroup to review and pilot revised ISR process.
 - Timeline: Draft version target of July 1; implementation in fall 2014. Providers will be trained in advance via Adobe Connect.

6. Early Intensive Behavioral Intervention (EIBI)/Consultative Behavioral Intervention (CBI) Treatment Realities Across the State

- Council members discussed CLTS Waiver Autism Treatment Services, including Early Intensive Behavioral Intervention (EIBI), Consultative Behavioral Intervention (CBI), and Classic (former "intensive in-home") services, and issues related to statewide accessibility, the minimum time requirements per month and the ability to fulfill the weekly time requirement for children of school age.
 - The majority of children receive Classic services, which are no longer an approved CLTS Waiver service (being phased out).
 - In-home treatment and school interface:
 - School attendance policies may conflict with the child's treatment plan due to hours required to meet treatment goals. Some providers offer services only during school hours.
 - Invite a representative from the Department of Public Instruction (DPI) to a future Autism Council meeting to discuss school-based mental health services.
 - Encourage parents to invite their provider and county service coordinator to Individualized Education Program (IEP) meetings.
 - Providers have expressed concern with the CLTS Waiver autism treatment reimbursement rate, which has not changed in 10 years despite increases in cost of living and costs of doing business (e.g., travel costs and increasing salaries to retain quality staff). Providers may contact DHS to express these concerns at dhsproviderregistry@wisconsin.gov.
 - Council members, parents, and stakeholders are encouraged to submit any recommendations to DHS in writing.

7. Division of Long Term Care (DLTC)/Bureau of Long-Term Support (BLTS) Updates – Susan Larsen

- Children’s Services Section (CSS) Programs Quarterly Data Report (Q4 2013): CSS data analyst prepared a comprehensive report from various systems across CSS programs. The document, “Children’s Services Programs: Proposed Quarterly Data Reports,” was distributed. Future CSS Quarterly Data Reports will show point-in-time data comparisons.
 - Report is shared with all CSS councils and stakeholders; will be posted on website.
 - Council members commented:
 - Providers collect information that counties do not obtain; consult with a small group of providers regarding data they gather and data that is needed.
 - On Autism Treatment Service reports, breakout the data for Severe Emotional Disturbance (SED) Waiver and Developmental Disability (DD) Waiver.
- Autism Council Website Traffic Reports: Top content, page views and page visit reports were distributed to Council members.

8. Other issues

- Council membership: The Council discussed seeking members from the Office of the Commissioner of Insurance and parents of young children involved in EIBI/CBI services. Two county member agencies have submitted applications to the Governor’s Office.
- Health Insurance Portability & Accountability Act (HIPAA) Harmonization Bill: Governor Walker has signed this legislation.
- Autism Wait List: The Autism Wait List release rate has increased to 12 children each week (up from 6 children each week in November). The wait list has decreased from 590 children to 501 children; wait time is approximately 10 months. The wait list gains approximately 25 children each month and releases approximately 50 children each month.
- Council members recommended:
 - Reading two articles published by *The New York Times*: “Seeking Autism’s Biochemical Roots” http://www.nytimes.com/2014/03/25/science/seeking-autisms-biochemical-roots.html?_r=0; and “Inside the Mind of a Child With Autism” <http://well.blogs.nytimes.com/2014/04/07/inside-the-mind-of-a-child-with-autism/>.
 - Inviting to the next Council meeting an expert to discuss policy language regarding diagnosticians.

9. Autism Council Meeting Adjournment

- The Council meeting was adjourned at 2:07 PM.